



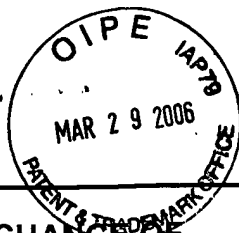
PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/898,168	
	Filing Date	July 3, 2001	
	First Named Inventor	Okimoto, John I.	
	Art Unit	2132	
	Examiner Name	Kambiz Zand	
Total Number of Pages in This Submission	2	Attorney Docket Number	018926-006800US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature	<i>William F. Vobach</i>		
Printed name	William F. Vobach		
Date	March 27, 2006	Reg. No.	39,411

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Kay Barclay</i>		
Typed or printed name	Kay Barclay	Date	March 27, 2006

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Patent**

Address to:  
Mail Stop Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Patent Number	6,978,022
Issue Date	December 20, 2005
Application Number	09/898,168
Filing Date	July 3, 2001
First Named Inventor	Okimoto, John I.
Attorney Docket Number	018926-006800US

Please change the Correspondence Address for the above-identified patent to:

☐ The address associated with Customer Number:

OR

☒ **Firm or Individual Name** Motorola, Inc., Robert P. Marley

**Address** Broadband Communications Sector  
101 Tournament Drive

**City** Horsham

**State** PA

**ZIP** 19044

**Country** US

**Telephone** 800.523.6678

**Email** rpmarley@motorola.com

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the :

☐ Patentee.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 39,411

**Signature**

*William F. Vobach*

**Typed or**

**Printed Name** William F. Vobach

**Date** March 27, 2006

**Telephone** 303.571.4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.